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ISSUE CLASSIFICATION	
Class	Subclass

PATENT NUMBER

U.S. **UTILITY** Patent Application

<p>G.I.P.E.</p> <p>SCANNED <u>40</u> Q.A. <u>AM3</u></p>	<p>PATENT DATE</p>
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APPLICATION NO. 09/892949	CONT/PRIOR D	CLASS 435	SUBCLASS 09/1	ART UNIT 16587	EXAMINER Hamud
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APPLICANTS

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TITLE

Cytokine receptor zcytor17

PTO-2040
12/99[illegible]

☐ TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
☐ The term of this patent subsequent to _____ (date) has been disclaimed. ☐ The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____	_____ (Assistant Examiner)			NOTICE OF ALLOWANCE MAILED	
				ISSUE FEE	
	(Primary Examiner)			Amount Due	Date Paid
☐ The terminal ____ months of this patent have been disclaimed.	(Legal Instruments Examiner)			ISSUE BATCH NUMBER	

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